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Title 56. Poor Persons

Chapter 16B - Oklahoma Medicaid Reform Act of 2006

Section 1011.5 - Incentive Reimbursement Plan for Nursing Facilities - Rate Creation - Refinements - Annual Report

Cite as: 56 O.S. § 1011.5 (OSCN 2015)

A. The Oklahoma Health Care Authority in cooperation with the **State Department of Health**, a statewide organization of the elderly, representatives of the Health and Human Services Interagency Task Force on long-term care, and representatives of both statewide associations of nursing facility operators shall develop an incentive reimbursement rate plan for nursing facilities that shall include, but may not be limited to, the following:

- 1. Quality of life indicators that relate to total management initiatives;
- 2. Quality of care indicators;
- 3. Family and resident satisfaction survey results;
- 4. State Department of Health survey results;
- 5. Employee satisfaction survey results;
- 6. CNA training and education requirements;
- 7. Patient acuity level:
- 8. Direct care expenditures pursuant to subparagraph e of paragraph 2 of subsection I of Section 1-1925.2 of Title 63 of the Oklahoma Statutes; and
- 9. Other incentives which include, without limitation, participation in quality initiative activities performed and/or recommended by the Oklahoma Foundation for Medical Quality in capital improvements, in-service education of direct staff, and procurement of reasonable amounts of liability insurance.
- B. The Oklahoma Health Care Authority shall negotiate with the Centers for Medicare and Medicaid Services to include the authority to base provider reimbursement rates for nursing facilities on the criteria specified in subsection A of this section.
- C. The Oklahoma Health Care Authority shall make refinements to the incentive reimbursement rate plan to ensure transparency and integrity. These refinements shall include, but may not be limited to, the following:
- 1. Establishing minimum standard for incentive payments, through higher percentiles using evidence-based criteria or introduction of absolute standards above the current benchmark;
- 2. Using state survey results as a threshold metric for determining if facilities should receive incentive payment and suspend facilities falling below the threshold;
- 3. Taking steps to strengthen data collection process; and
- 4. Establishing an advisory group with consumer, provider and state agency representation to provide feedback on program performance and recommendations for improvements.
- D. The Oklahoma Health Care Authority shall provide an annual report of the incentive reimbursement rate plan to the Governor, the Speaker of the House of Representatives, and the President Pro Tempore of the Senate by December 31 of each year. The report shall include, but not be limited to, an analysis of the previous fiscal year including incentive payments, ratings, and notable trends.

Historical Data

Laws 2006, HB 2842, c. 315, § 5, emerg. eff. June 9, 2006; Amended by Laws 2010, HB 2778, c. 310, § 1, eff. November 1, 2010 (superseded document available).

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